

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>W.H.D.</i>	45	10/17
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>X M</i>		1-13-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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20	✓ 0
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
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37	✓
38	✓
39	✓
40	✓
41	✓ ✓
42	
43	0
44	✓
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49	
50	✓

Claim	Date
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65	✓
66	0
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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